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Bib Data Sheet

CONFIRMATION NO. 9233

SERIAL NUMBER 10/681,199	FILING OR 371(c) DATE 10/09/2003 RULE	CLASS 536	GROUP ART UNIT 1634	ATTORNEY DOCKET NO. 0933-0214P
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** CONTINUING DATA *****

This application is a CIP of 10/364,505 02/12/2003 ABN
 which claims benefit of 60/355,782 02/12/2002

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 01/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY SWEDEN	SHEETS DRAWING 12	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 12
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

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TITLE

NOVEL GENE FUNCTIONALLY RELATED TO DYSLEXIA

FILING FEE RECEIVED 1342	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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